

DAMAGED PROPERTY REASSESSMENT APPLICATION

Parcel No.

Date _____

Damage must have occurred due to misfortune or calamity and amount to at least \$10,000. This application must be filed within 12 months of the damage, or 60 days after notification by the Assessor, but in no case more than 12 months after the date of damage or misfortune.

Name _____ Telephone No. () _____

Mailing Address

Street

City

State

Zip

Property Address _____ Street _____ City _____ State _____ Zip _____

Date of Damage	Cause of Damage
11/1/2018	Water damage from burst pipe
11/1/2018	Fire damage from kitchen fire
11/1/2018	Wind damage from storm
11/1/2018	Car accident damage
11/1/2018	Medical malpractice
11/1/2018	Product liability
11/1/2018	Personal injury
11/1/2018	Property damage
11/1/2018	Contract breach
11/1/2018	Defamation
11/1/2018	Intellectual property
11/1/2018	Employment dispute
11/1/2018	Real estate dispute
11/1/2018	Business dispute
11/1/2018	Insurance claim
11/1/2018	Construction dispute
11/1/2018	Maritime law
11/1/2018	Banking law
11/1/2018	Tax law
11/1/2018	Immigration law
11/1/2018	Environmental law
11/1/2018	Energy law
11/1/2018	Transportation law
11/1/2018	Aviation law
11/1/2018	Space law
11/1/2018	Art law
11/1/2018	Intellectual property
11/1/2018	Real estate law
11/1/2018	Business law
11/1/2018	Employment law
11/1/2018	Contract law
11/1/2018	Defamation law
11/1/2018	Product liability
11/1/2018	Medical malpractice
11/1/2018	Car accident
11/1/2018	Wind damage
11/1/2018	Fire damage
11/1/2018	Water damage

Your estimate of market value before damage \$ _____

Your estimate of market value after damage \$ _____

TYPE OF DAMAGED PROPERTY

Real Property

Business Personal Prop.

Boat or Aircraft

Manufactured Housing

Describe the property damage _____ (Mobilehome)

(Mobilehome)

I declare under penalty of perjury that the damage occurred through no fault of my own and the above information is correct to the best of my knowledge and belief.

Signature: _____

Date _____

ASSESSOR'S USE ONLY

		Market Value		VALUE REDUCTION % Good After/Before	20__Roll Reads	Roll Should Read
		Before	After			
LAND						
IMPROVEMENTS						
PERSONAL PROP.						
MONTHS IN FISCAL YEAR REGULAR _____ REDUCED _____				HOX		
				Other Exemption		
				Net		

APPRAISER'S SIGNATURE

Date _____

DISTRICT SUPERVISOR'S SIGNATURE _____

Date _____